

State of California  
County of San Bernardino



Department of Children's Services

2006  
**AB 636 System Improvement Plan**

---

**Overview**

**Section I – Local Planning Bodies**

During 2004, the first year of the California - Child and Family Services Review (C-CFSR), the County of San Bernardino published its initial **Self-Assessment Report**, an in-depth look at the manner in which the County delivers Child Welfare Services. The findings detailed in the initial Self-Assessment Report resulted in the initial **System Improvement Plan**, which outlined the goals and strategies to which the County committed in order to improve outcomes for children and families in four identified areas. The County Department of Children's Services, assisted by the County's Children's Network, developed the multi-disciplinary **Self-Assessment Team**, composed of a variety of social service agencies and stakeholders, to guide the evaluation of the Child Welfare Services system and the identification of areas in need of improvement. Through regional teams, outreaches, and direct involvement of system stakeholders, the Self-Assessment Team gathered information that reflected the overall functioning of the system and provided insight into areas in need of improvement.

In 2005, the County conducted its second Self-Assessment. As in the first C-CFSR cycle, this assessment and the resulting improvement plan were accomplished through the collaboration of the County Department of Children's Services (DCS) with community partners; other public/private agencies and providers of children's services; kin caregivers; foster parents; and youth.

The structure of the Children's Network offered an existing and well-established foundation upon which to build the Self-Assessment Team. The basic components of the Children's Network are:

- *Policy Council* – Department Heads and key leaders of children's programs.
- *Children's Services Teams* – Agency representatives. The role and membership of this group was expanded to meet the requirements of the Self-Assessment Team.

- *Community Collaboratives* – Regional agency and community representatives. Building linkages from the Collaboratives to the Self-Assessment Team enhanced community representation and collaboration.
- *Children's Lobby* – Assesses legislative changes on behalf of children.

Membership of the Self-Assessment Team:

- DCS Manager (Co-Chair)
- Public Health Manager (Co-Chair)
- DCS Social Services Practitioner
- Probation Representative
- Department of Behavioral Health Representative
- Foster Parent
- County Schools Representative
- Parent/Child advocate
- CASA (Court Appointed Special Advocate)
- Juvenile Court Representative
- Law Enforcement Representative
- Children's Network Officer
- Regional Center Representative
- Prop 10 Commission Representative
- County Counsel Representative

DCS established teams to assist with efforts to interpret data, communicate findings, assess the need for improvement, and to produce a plan to address areas in need of improvement. These teams consisted of community members, caregivers, providers of children's services, public/private agencies, DCS staff and staff from other County departments and agencies. During 2005, the second cycle of the review process, particular attention was given to evaluating the progress made in achieving the goals set forth in the 2004 System Improvement Plan.

The **Data Team** reviewed statewide and countywide outcome measures provided by the State, reducing the outcomes to regional and sometimes unit level measures. This team developed survey tools, compiled survey data and focus group data, and provided reports to the Management Team, the Self-Assessment Team and the Program/Policy Evaluation Team. The Data Team assisted in writing the Self-Assessment and the System Improvement Plan. In the second cycle, the Data Team evaluated changes between current outcomes measurement data and the data gathered in the 2004 cycle.

The **Program/Policy Evaluation Team** reviewed the Data Team's reports and recommendations. This team reviewed monthly performance reports, Peer Quality Review findings (from the first C-CFSR cycle), and policy and practice issues related to Department performance. The team recommended programmatic changes and training areas, and received feedback from the Management Team and the Self-Assessment Team to develop measurable goals and objectives.

The **Peer Quality Review Team** traveled to neighboring counties to review cases. This team facilitated case reviews when neighboring counties reviewed San Bernardino County cases during 2004, the first cycle of the review process.

The **Communications and Training Team** communicated findings and recommendations to all levels of DCS staff. This team will continue to be responsible to develop and coordinate necessary training. Additionally, this team will continue to develop monitoring tools to be used by social work staff.

The **Community Collaboration Team** communicated findings and recommendations to community stakeholders. This team received input from the Self-Assessment Team, Management Team and Program/Policy Evaluation Team and began to prepare the SIP.

Many partners were identified to provide support and membership for these teams. They include County Program Development Division, Program Integrity Division, Legislation and Research, Quality Support Services, IQSAB (Improving Quality System-wide Advisory Board), Emergency Response Taskforce, Performance-Education-Resource-Centers, Children's Network, DCS Special Services, DCS Regions, and the DCS Administrative Resources Division.

The DCS Administrative Resources Division (ARD) handled the portion of the work that was administrative in nature. ARD developed structures and processes that guided the Department through the various tasks required by AB636. DCS social work staff participated on committees and workgroups, providing vital input and perspective on practice and process.

The members of these teams produced the final Self-Assessment Report and then focused on the outcome areas of the System Improvement Plan. SIP groups were formed in a manner which best utilized each member's expertise and area of interest to develop the goals, strategies and milestones for improving the County's performance in each of the identified outcome areas. This interagency collaborative provides a holistic and multidisciplinary approach to providing effective Child Welfare Services.

## **Section II – Support for Qualitative Change**

The collection and analysis of data for the development of the Self-Assessment and the System Improvement Plan was achieved through the Peer Quality Case Review process (not required in second cycle of the C-CFSR), various surveys, interviews, focus groups, and reviews. This section highlights the various data collection techniques employed and briefly describes some of the findings and the Department's response to some of those findings. Of particular importance are the findings relevant to three outcomes addressed in this SIP: Re-Entry To Foster Care, Timeliness to Adoption, and Children Transitioning to Self-Sufficient Adulthood.

### *Peer Quality Case Review:*

The Peer Quality Case Review process was used during March 2004, in San Bernardino County, as an adjunct process to inform the Self-Assessment report mandated by AB636. The Peer Quality Case Review (PQCR) process included data review and specified case record reviews, structured individual caseworker interviews, supervisor focus groups, and concurrent and subsequent PQCR team debriefings. The focus area for investigation, 'Family Involvement in Case Planning' was selected by the Department of Children's Services to identify and review critical patterns in practices, strengths, concerns, themes, and trends as well as needs for resources and services.

The sampling methodology was both random and representative of the County's caseload. A total of 85 cases were examined in order to enhance the probability of reliable and applicable results using qualitative versus quantitative methodology.

### *PQCR findings on CWS/CMS:*

The PQCR found that the Department makes effective use of CWS/CMS (Child Welfare Services / Case Management System). The evaluation was done through documents reproduced from CWS/CMS, including case plans, court reports, and delivered service logs, and through interviews with social workers.

Although the Department's use of CWS/CMS is effective, the system proves to be unduly restrictive. Overall CWS/CMS is cumbersome and unwieldy. For instance, case plans cannot easily be made specific to client needs. The 2004 PQCR found that initial case plans are often produced with minimal client participation due to the intake worker's time limitations and data entry requirements. However, the 2005 Self-Assessment process found that through the implementation of practice changes families are becoming very involved in case plan development and decision making.

### *PQCR findings on case documentation:*

An evaluation of documentation trends included a review of the case plan document, court reports (if applicable), delivered service logs, and hard file documents. These items were evaluated for compliance with County policy, and for appropriate practices. It was discovered that staff have more information in their memories, and have delivered many more services than are reflected in their documentation. Often, staff have difficulty finding time to enter the data. There also appears to be a lack of consistent expectations about what should be entered.

In response to this finding, the Department has implemented procedures to assist social workers in completing documentation, especially contact notes. Further, a workgroup has been formed to clarify expectations for case narratives and reporting requirements

*PQCR finding on case plans:*

The Department's PQCR revealed a need to change the process for creating the initial case plan by allowing more time to develop the case plan and providing for earlier involvement of the carrier worker. This will allow for more specific and more appropriate initial case plans to be developed. The Department will continue to work with the Court to develop a more flexible process to amend and modify case plans between review hearings.

*PQCR findings on family involvement:*

The Department's philosophy is to provide services in the least intrusive manner with a family centered focus. The PQCR affirmed that social workers strive to maintain the lowest level of intervention and the greatest amount of collaboration with the family.

In the majority of cases there was found to be immediate involvement of children and families in case planning. Social workers were found to be persistent in locating and working with families early in the process.

A recommendation arising from the Department's PQCR calls for the development of a policy whereby an "Orientation Meeting" could be held with the immediate and extended family to inform them of the dependency process and role the Court plays in that process.

*Other PQCR findings:*

The Department's PQCR suggests the benefits of legislation and funding to support treatment of emotionally and behaviorally disordered children outside of the Child Protective Services venue, as a means of decreasing the occurrence of parental abandonment of their children in order for the child to receive treatment.

Additionally, staff has indicated through PQCR that they feel supported by their peers and supervisors.

*Survey of use of Concurrent Planning:*

The Department enlisted the services of the County's Legislation, Research and Quality Support Services (LRQ) Research and Statistics Unit to conduct a survey of open Family Reunification and Permanent Placement cases to determine the Department's compliance with its Concurrent Planning policy as evidenced by documentation in the case file. A statistically valid representative sample of 350 cases was used. This sample consisted of cases pulled from each Department office. The findings show that Concurrent Planning is not consistently and appropriately used by social workers and enforced by supervisors. The findings suggest that staff values/beliefs may impede compliance with the Department's policy and expectations that Concurrent Planning be an integral part of case management from the very onset of the case. The Department will further explore the perceived barriers to implementing the County policy on Concurrent Planning.

Verbal interviews with social workers during the PQCR indicated that Concurrent Planning is occurring, however it is neither documented nor viewed as an integrated part of the case planning process. Rather, it is seen as a stand-alone process. The Department continues to emphasize to social workers the necessity of Concurrent Planning as an integral and “concurrent” aspect of providing for the safety, well-being and permanency of the child.

#### *Survey of Birth Parents:*

The Department enlisted LRQ to conduct a survey of Birth Parents of children with open Family Maintenance and Family Reunification cases to determine the level of their satisfaction with their child’s social worker. A random sample of 400 cases was drawn from 3,617 active FM/FR cases representing 671 (all) birth mothers with active home and out-of-home cases and active residences located within San Bernardino County. A total of 375 addresses were valid out of the 400 case mothers sampled. A total of 47 surveys were completed and returned.

Overall, the majority of the birth parents responding to the survey were satisfied with their child’s DCS social worker. The notable areas of the birth parents’ concern were 1) lack of resources provided to parents to improve their parenting skills, 2) parents not being asked what services they felt were needed, and 3) social workers not being sufficiently sensitive to the client family’s culture and religious beliefs. The survey also revealed a need for social workers to improve the accuracy of parental residential addresses for the Family Maintenance and Family Reunification cases on CWS/CMS.

#### *Survey of ILP Youth:*

The Department requested a survey of ILP eligible youth receiving Independent Living Program (ILP) services. The County’s ILP serves both Department of Children’s Services dependents and Probation wards, as well as youth who have aged out of the system (AfterCare). Because CMS driven data is not available for ILP outcomes, manually collected data from the annual SOC 405A report was used for the purposes of this survey. Additionally, the survey instrument was distributed at an ILP Employment Conference held on April 24, 2004, at the Ontario Convention Center. Approximately 150 youth from DCS, Probation and AfterCare attended the conference. A total of 110 youth completed the survey for a response rate of 73%. An incentive was given to youth who attended the Employment Conference.

Based on data collected in a recent LRQ survey, ILP youth are optimistic about their future and most are planning to continue their education. The majority are satisfied with their communication with their social worker. The survey reveals a need for additional understanding of the importance of court proceedings. Additionally, the ILP youth surveyed appear to need assistance in developing positive relationships with their siblings.

### *Survey of Mandated Reporters:*

Mandated Reporters were surveyed by LRQ as part of the Self-Assessment process. Of the surveys mailed out to 404 (all) mandated reporters who made a referral in February 2004, 197 surveys were completed and returned. Allowing for bad addresses, the positive response rate was 49%. The survey of mandated reporters reveals an overall satisfaction with the Child and Adult Abuse Hotline (CAAHL). The majority of the mandated reporters surveyed feel that CAAHL workers answered their calls promptly and courteously, attentive to all relevant information. Some of the responses suggested that while most CAAHL social workers present in an experienced, knowledgeable and professional manner, more consistent and thorough training might benefit other CAAHL workers by increasing sensitivity and a higher regard for confidentiality.

Many of the mandated reporters surveyed feel that CAAHL workers should do a better job of explaining what is going to happen after the mandated reporter makes a report of suspected child abuse or neglect. The responses to the survey also indicated that the majority of mandated reporters know they are entitled to be informed, in writing, of the final results of their Child Protective Services (CPS) report. Almost half of the mandated reporters surveyed feel they can benefit from additional training in the identification and reporting of child abuse and neglect.

Several of the mandated reporters commented on the referral investigation techniques used by intake social workers. Some expressed a concern that limited Department resources may contribute to a delay in removing a child from an unsafe situation.

### *Review of recurrence of maltreatment data:*

The Department requested that LRQ conduct a review of duplicate open referrals to determine the accuracy and applicability of the California Department of Social Services (CDSS) data on the County rate of recurrence of maltreatment and to identify trends in the number of duplicate open referrals carried per unit of social workers. All regions were reviewed in February 2004 and some regions were reviewed in March 2004. This review revealed that some units consistently carried exceptionally few duplicate open referrals.

The Department continues to study the practices of these identified units to determine which of these practices will help other units improve performance. Supervisor training was conducted in all regions to increase knowledge of correct CWS/CMS procedures to associate duplicate referrals.

The Department collaborated with the State and other counties to refine the State's methodology for generating data to measure this outcome. As a result, prior to the second cycle of the C-CFSR, the State's methodology was changed and outcomes measurement for San Bernardino County came into compliance in this targeted area. Therefore, this outcomes area does not appear as a focus in the 2006 System Improvement Plan.

### *Review of fairness and equity data:*

In the initial SIP and the updated SIP, the Department included goals for the ongoing strengthening of community and staff awareness of fairness and equity for all children and families in the Child Welfare Services system. The collection of data, which informed the plan to increase fairness and equity, was based on data gathered through interviews, focus groups, examination of outcome data and a review of current practices.

## **Section III – Summary of the Self-Assessment**

### **A. Discussion of System Strengths and Areas Needing Improvements**

The 2005 update to the County Self-Assessment Report begins with a summary of the implementation of the New Initiatives. These changes in practice required a shift from the manner in which Child Welfare Services have been delivered in the past. The shift is to a paradigm in which Child Welfare Services are developed and delivered through the collaboration of the Department of Children Services, the family, community partners, multi-disciplinary agency partners, and significant individuals from the family's system of support. Although DCS retains responsibility for all decisions made in the life of any case, those decisions are now reached by team consensus after all collaborators have had an opportunity to contribute their input on the provision of safety, permanence and well-being of the child.

Specifically, the New Initiatives include **Family To Family**, **Family Group Decision Making** and **Wraparound**. All of these initiatives operate from the base of strength of the family. The objective is to enable the family to maintain the child safely in the home, reunify the child safely with the family in their home, or maintain the child safely with a loving resource family in the child's home community. Every effort is made to preserve and empower the family with the least amount of intervention in order to provide for the safety, permanence and well-being of the child and the self-sufficiency of the family.

Besides the New Initiatives, other strengths have evolved from the County's 2004 AB636 System Improvement Plan. DCS has implemented a **Youth Advisory Board** to give youth an opportunity to participate in the needs assessment, development and evaluation of Child Welfare Services, especially those services targeted at ILP-eligible youth.

The County's Screening, Assessment, Referral and Treatment process (**SART**) and the **Healthy Homes** program address the needs of children at high risk for long-term health and behavioral health outcomes. **Drug Court** and the Drug Endangered Children program (**DEC**) help to improve outcomes for children and families affected by parental substance abuse or dangerous exposure to illegal drug manufacturing.

Underlying all of these and many other enhancements to the delivery of Child Welfare Services is the County's diligent efforts towards **Fairness and Equity** in all aspects of decision-making, policy formation, development of procedures, and procuring client support services. **Mandatory training** is underway to make DCS staff aware of the New

Initiatives and to facilitate the paradigm shift to collaborative decision-making in developing and implementing successful case plans.

Changes in the State's methodology of measuring and interpreting **outcome data** have improved the County's degree of compliance with State and Federal standards. DCS will continue to resolve data entry problems and clean-up data in the CWS/CMS database to more accurately reflect the quality and quantity of work performed by the County's staff.

Since the 2004 cycle of Self-Assessment and development of the System Improvement Plan, the County has made significant improvement in outcomes.

Included in the updated Self-Assessment Report are data tables from the **Quarterly County Data Report** (QCDR), produced by the California Department of Social Services (CDSS) and the University of California at Berkeley. This report is broken down into four general categories of information: Child Welfare Services Participation Rates, Safety Outcomes, Permanency Outcomes, and Child and Family Well-Being Outcomes. Comparisons are made between the most recent data and the oldest data provided by CDSS in the 2<sup>nd</sup> Quarter 2005 QCDR.

The highly trained, dedicated social workers in the San Bernardino County Department of Children's Services (DCS) provide support to families at risk of becoming involved or already involved with the child welfare system. Utilizing a strength-based, community inclusive, team approach DCS encourages family involvement to ensure child safety and well-being with the least intrusive level of intervention. The County's focus on the positive attributes and potential of the family reflects the County's ability to coordinate the efforts of the family's support system, along with agency and community partners, to provide an array of effective Child Welfare Services. This approach has successfully improved outcomes for children and families in San Bernardino County.

**Case planning** is performed in collaboration with the family, service providers and community members to attain the greatest level of participation and the least level of prescriptive activities necessary to empower the family to move toward positive change. Social workers employ creative approaches in order to develop a successful case plan with the family that meets their needs in a manner consistent with the family's economic condition and culture. Case plans are continuously revised to meet the changing needs of the family. When appropriate service provision is absent or unavailable, social workers oftentimes provide those services themselves. Strategic, collaborative case planning helps the family to discover ways to overcome barriers to accessing services and resources necessary to strengthen the family, thereby creating a safe and permanent home where children can thrive. The County is committed to preserving the family. When children must be placed in out-of-home care, San Bernardino County does particularly well in placing siblings together and placing children in relative care homes.

San Bernardino County has partially implemented **Family To Family** (F2F) under the guidance of the Annie E. Casey Foundation. This practice engages a team of family members and persons who make up the support system for the family and the child in

becoming actively involved in the placement and care of the child along with the planning and provision of services for the family. At Team Decision Making (TDM) meetings, a team consisting of staff personnel, the family and their support system and community partners seeks consensus in making immediate decisions regarding out-of-home placements or maintenance of the child in their home. A TDM is held before any placement or re-placement occurs, or before any initial court hearing in cases of imminent risk removal. Family to Family also employs other strategies to engage the community in the protection of the child. These include recruitment of local foster families willing to work with the biological parents and keep the child in his own community as well as the recruitment of Community Partners who are involved in the TDM process.

San Bernardino County rolled out TDMs at intake in the target region of the City of Rialto on June 29, 2005. As of May 2006, ninety-five (95) TDMs have been held since implementation. Policy and procedures have been developed for TDM. Training on TDM Readiness has been provided to staff and community partners. In an effort to address disparity of children of color entering the child welfare system, San Bernardino County will conduct TDMs on all African American infants age 0-1 countywide as each region comes online with Family To Family.

To help build community capacity for receiving placements, Family To Family utilizes a Recruitment, Development and Support of Resource Families (RDS) workgroup. In communities with high referral rates, the County has implemented “targeted community grass roots” approaches to recruiting. This includes saturating community businesses and churches with recruitment literature and attending community events. The County has increased its efforts to recruit resource families by providing staff with laminated cards to explain the process of becoming a resource family. In addition, staff has committed to increase its support of existing and potential resource families by returning all resource family calls within 24 hours of receiving the call. The RDS workgroup has developed a Resource Family Satisfaction Survey that will begin in January 2006. The Retention Committee has developed strategies that help support and retain foster parents. Implementation of a “Warm Line” is planned for 2006 to further support resource families. Letters of Appreciation will be delivered to all resource families.

The Building Community Partnerships (BCP) workgroup develops and trains community agency partners on the Family To Family philosophy and the partners’ role in Team Decision Making. Quarterly F2F Readiness trainings for community partners have been scheduled.

The County has established a Self-Evaluation (SE) workgroup that monitors the County’s AB636 System Improvement Plan as well as Family To Family Outcomes. This workgroup tracks the outcomes of children who have been served by the TDM process and placed in their community of origin as well as siblings placed together. The SE workgroup is also developing a system to track new resource families. This workgroup also analyzes possible sources of data disparities caused by faulty methodology and/or incorrect methods of data entry.

Another San Bernardino County standard practice is ***Family Group Decision Making*** (FGDM), a family conferencing approach that provides the family with a process for self-determination in making critical decisions regarding obstacles to child safety, well-being, permanency and family reunification. Private Family Time is a fundamental aspect of FGDM that empowers the family as the primary decision-makers, fostering the family's self-reliance and self-worth. The social worker assigned to the case may refer the family to FGDM at any point in the life of the case when it becomes apparent that the extended family may have the solution to the family's needs. FGDM or some form of family conferencing is overwhelmingly seen as helpful in producing positive results with the family. Reaching out to extended family members and the family's larger support system has yielded positive results for children and families.

***Wraparound*** services are offered to families with children who have serious behavioral, emotional, social and family problems. Wraparound services enable the child and family to overcome the barriers to retaining the child safely in a family setting with care providers who know and love them, instead of placement in a group home. In San Bernardino County, Wraparound is accomplished through contracted service providers who are experienced professional clinicians specialized in collaborating with family, friends and community resources to safely reunify children and families.

Family participation is voluntary in all Wraparound cases and cannot be court ordered, however, the court can authorize Wraparound for 300/602 children if the family agrees to participate. The child must have an open Medi-Cal case or a written mental health diagnosis by an authorized mental health professional. Wraparound services are offered to 300/602 and AB2726 children who are in or at risk of group home care at RCL 10 or higher and have been referred by the child's social worker, mental health clinician or probation officer, followed by approval by the Interagency Placement Council and (for 300/602 children only) authorized by a minute order of the Court.

The Wraparound Child and Family Team (CFT) develops a safety plan for the child along with a family mission statement and a set of goals in an Individualized Child and Family Plan (ICFP) that is outcomes-based and includes observable and measurable indicators of progress. The Plan is followed in the day-to-day delivery of services and is revised when needed. The Plan ends when the CFT reaches a consensus that the child and family have attained their goals and can self-sustain successfully in their community.

The ***Youth Advisory Board*** (YAB) was established as a result of San Bernardino County's previous CWS Self-Assessment and subsequent System Improvement Plan (SIP). The development and implementation of the Youth Advisory Board was identified in the County's SIP as an improvement goal for bettering outcomes for youth as they transition to self-sufficient adulthood. Outcomes for transitioning youth will be improved through youth involvement in seeking and creating resources, and developing and implementing programs designed to improve the delivery of Child Welfare Services to these transitioning youth.

The YAB Mission Statement states “The Youth Advisory Board, by educating and collaborating with the community and Child Welfare Services, commits to providing resources for current and former foster and probation youth. The Youth Advisory Board promotes the participation of foster and probation youth in policy development and legislative change to improve social work practice and child welfare policy.” With the support of adult advisors, the YAB will improve the child welfare system by advocating for and collectively identifying the issues facing current and former foster/probation youth of San Bernardino County. In addition, YAB members will attend various statewide and leadership conferences pertaining to legislative and local issues affecting San Bernardino County foster care and/or probation youth.

Beginning in June 2005, the YAB has convened two times per month with twelve active board members and an audience of interested youth and supportive adults who advocate for youth in the community. YAB officers are chairperson, vice chairperson, secretary and treasurer. Youth ranging in age from 16-21 may complete a membership application that is reviewed by the adult advisors who then submit the application to the YAB. A motion is made to issue a conditional acceptance letter along with an invitation for the applicant to visit a meeting to see if they are really interested. If the applicant youth and the YAB agree that there exists mutual benefit, the applicant is accepted as a member. Approximately sixty (60) youth have been involved in YAB since its inception.

Recruitment for the YAB is conducted through ILP, Aftercare and Probation. YAB gave its first public presentation at the Independent City conference, attended by 250 in-care and out-of-care youth from ILP foster care, Aftercare and Probation. Independent City provided a mock situation where participating youth could acquire and practice everyday living skills such as check writing, apartment hunting, arranging for utility hookups, household budgeting, job search, enrolling in educational/vocational classes, and other necessities. In addition to participating in the mock activities, YAB members provided resource materials and interacted with other conference attendees at the YAB information booth.

**Training in the New Initiatives** has been implemented for all Department of Children’s Services (DCS) staff. To help meet the improvement goals in its SIP, each module in this training has addressed issues in the critical area of Fairness and Equity. This training is mandatory for all staff and is intended to communicate the County’s philosophy, policy, practice and process for delivering Child Welfare Services in an inclusive, participatory manner. Mandatory training has been initiated in the following specific areas: Domestic Violence, Poverty, Substance Abuse, Fairness and Equity, and Teaming Strategies (Wraparound, FGDM, F2F and YAB). Completion of training for current staff is anticipated by late spring 2006.

To support the new initiatives countywide, DCS has reorganized its Administrative Resources Division (ARD) to create Regional Support Teams. Additionally, each of the three geographical regions of DCS has assigned a CWS manager and supervisor to the Regional Implementation Team for their respective areas.

The Regional Implementation Teams coordinate planning and implementation to maintain standards across the regions and avoid duplication of services. They assess and communicate needs for training and technical assistance to support the implementation of New Initiatives. They also address Best Practice issues. Each Regional Implementation Team reviews and approves Individualized Child and Family Plans for Wraparound services in their respective region. In addition, each Regional Implementation Team reviews each referral for Wraparound services submitted in their respective region to ensure completeness and eligibility, and then is responsible for presenting the case before the Interagency Placement Council (IPC) for approval of the therapeutic appropriateness of providing Wraparound services for this child and family. The case is then reviewed by the Administrative Subcommittee (ASC) for final approval subject to the availability of resources.

The ARD Regional Support Teams are responsible for maintaining the integrity and fidelity of the programs in their assigned region. They monitor an outcomes and quality improvement process that supports service-providing agencies, the community and DCS. The Regional Support Teams also provide structural support, knowledge and information necessary for coordination of program implementation and maintenance at the regional level.

Another strength of San Bernardino County is the existence of a wide range of partnerships to provide opportunities for collaboration and integrated prevention strategies and early intervention services to at-risk children and families. The County's new Screening, Assessment, Referral and Treatment (SART) process and Healthy Homes programs are promising examples of interagency collaborations that support and reflect our commitment to preventive and early intervention Child Welfare Services.

The goal of **SART** is to improve the mental and social functioning of children as measured by school readiness and the achievement of appropriate developmental milestones. Children and their families, especially young children ages 0-6, will be screened, assessed and referred for treatment through a universal collaborative and standardized process that strengthens and builds on existing programs in the community.

Children born to women who use alcohol and illicit drugs during pregnancy represent a large population of children at high risk for long-term health and behavioral health outcomes. These children are at the core of the child welfare population in San Bernardino County and present with multiple problems that require interactions with a wide variety of County agencies. Furthermore, just as prenatal exposure to alcohol or drugs as well as premature birth and poor maternal nutrition can harm fetal brain development, family violence, substance abuse in the family, or maternal depression can interfere with the child's brain development after birth. Ultimately, intertwining social and biological factors contribute to long-term success or failure of all high-risk children.

The vision of SART is that children and their families living in San Bernardino County shall receive a comprehensive continuum of screening, assessment, referral, treatment and prevention services to ensure that:

- Babies are born free of exposure to alcohol, tobacco and other drugs;
- Children are raised in a safe and nurturing home; and
- Children and families achieve optimal health and development.

The **Healthy Homes Program** provides specialty mental health services for dependents in out of home care. This program is an early screening and treatment collaboration between DCS and the County Department of Behavioral Health.

The **Drug Endangered Children (DEC)** Task Force is a collaboration of the County Sheriff, District Attorney, Public Health, Children's Network and the Department of Children's Services to coordinate multi-agency response to law enforcement calls that involve drugs where children are present.

The interagency collaborations described in this self-assessment form a holistic and multidisciplinary approach to providing effective Child Welfare Services to address child safety and well-being. Other interagency partners include the County Department of Behavioral Health, County Probation, Children's Fund, and Superior Court.

The following outcomes were identified in the County's 2004 Self-Assessment as areas needing improvement:

- Fairness and Equity
- Timeliness to Adoption (3D)
- ILP - Independent Living Program, Youth Transitioning To Self-Sufficient Adulthood (8A)
- Recidivism - Recurrence of Maltreatment (1A)

Recurrence of Maltreatment (1A) appeared as a targeted outcomes indicator in the 2004 System Improvement Plan. A change in the State's methodology of measuring outcomes of Recidivism has shown San Bernardino County to be in compliance with outcomes indicator 1A. In the 2005 Self-Assessment, DCS re-examined the County's risk and safety assessment policies. As a result, DCS is moving toward a standardized model of risk and safety assessment. Data clean-up on duplicate referrals and new strategies for monitoring data entry compliance have helped to better reflect the County's efforts in reducing recidivism. This outcomes indicator has been replaced by Rate of Foster Care Re-Entry (3G) in San Bernardino County's 2006 System Improvement Plan.

**Rate of Foster Care Re-Entry (3G)** – The measure for this outcome is defined as follows: *For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the most recent 12 month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?* The County's base rate is 11.4% (based on our benchmark time period of 07/01/00 to 06/30/01). This rate increased to 12.4% for the period July 1, 2002 to June 30, 2003 based on 672 first-entry children reunified with their families after 5 or more days in welfare supervised foster care, of which 83 re-entered foster care within 12 months of reunification.

As social work staff become more adept at assessing client safety and self-sufficiency needs there will be a decrease in the recurrence of neglect and/or abuse and a resulting decrease in the rate of children re-entering foster care. The County Department of Children's Services is evaluating safety and risk assessment tools in order to provide staff with a standard for determining whether to remove, retain or return a child based on the minimum level of risk to safely retain the child in the family's home.

**Timeliness to Adoption-** The Policy and Implementation Committee (workgroup) on Timeliness to Adoption was formed on November 16, 2004 in partial fulfillment of the County's AB636 System Improvement Plan. This workgroup addressed systemic as well as best practice implementation strategies that will shorten the timeline and number of placements from a child's removal to adoption.

Worker surveys and workgroup feedback indicate there has been little substantive collaboration, case-teaming or joint decision-making regarding a child's permanency needs and the development of an identified concurrent plan. The breakdown of early, proactive and cohesive permanency planning has increased the time children wait for an adoptive home.

The Department of Children's Services (DCS) has reviewed the County's policy on concurrent planning. Revision to concurrent planning protocol is nearing completion. Training for line staff and supervisors is scheduled to be completed in 2006. Additional staff has been proposed for the search unit, relative approval, and for expediting assessments of children's health, education and psychosocial needs. The workgroup also identified a need for a concurrent planning worker in each line unit, facilitating more effective Concurrent Planning Reviews (CPR). DCS is working diligently to recruit staff to fill critical vacancies in its base of intake and carrier positions. Once desired staffing levels have been reached, recruitment will begin for concurrent planning workers.

The Department is also in the process of establishing policy and procedures addressing the mandates of SB 218. This legislation allows the Court to designate a foster parent who has had a child in their home for six months and who has stated a desire to adopt the child, as the "Designated Prospective Adoptive Parent." It will be important for the Department to evaluate these homes and foster parents on a timely basis in order to determine their suitability as permanent adoptive placements.

To increase consistency in completion of Paternity, Family Information and other required forms, DCS has begun streamlining forms and requiring timely review by the social worker of all client documentation. The workgroup has recommended the implementation of a Forms Passport, a tracking system in each case file to identify forms that have been completed or not completed. Unit supervisors will conduct periodic file reviews to ensure that all required relatives have been contacted and assessed. DCS has also implemented the Court Orientation protocol requiring clients to attend an orientation for the purpose of completing required client documentation regarding the identities of absent parents and extended family members. The Court Orientation also familiarizes the

clients with the Court process and the importance of the clients' total and immediate cooperation. Implementation of the Court Orientation was specified as a milestone in the County's 2004 SIP.

DCS will examine the timeliness of adoptive home studies in order to set standards for the length of time in which home studies are expected to be completed. The Department will also evaluate computerized systems that provide highly comprehensive search and matching capability to expedite child matching.

Recruitment and training of Permanency Resource Families will be improved. The workgroup has recommended that Permanency Resource Families (CP Families) be recruited and utilized only for low to moderate Family Reunification (FR) prognosis cases.

**ILP** -While DCS provides ILP services to a greater number of youth in comparison to other counties, the outcomes of these services are not always available. DCS has established a Youth Advisory Board and has encouraged more active involvement of youth in the creation of the ILP plan. DCS has enlisted the help of Loma Linda University to begin developing a system to track the delivery of ILP services and the outcomes of youth who have aged out of foster care or exited probation.

**Fairness and Equity** – Interwoven in the County's curricula of mandatory staff trainings in the New Initiatives is the central theme of fairness and equity in the delivery of Child Welfare Services. One full day of the training cycle is spent specifically on fairness and equity awareness and its application at significant decision points in the life of a case, including decisions regarding effective services that are culturally and linguistically appropriate for the family.

The Department of Children's Services has implemented a Fairness and Equity Task Force to address issues of disparity and develop recommendations for increasing access to culturally appropriate services provided by a culturally competent social work staff and culturally diverse service agencies. Implementation of the Task Force represents a completed milestone identified in the County's 2004 System Improvement Plan. The mission of the Task Force is to integrate fairness and equity into all levels of decision-making, policy formation, program development and delivery of Child Welfare Services. To accomplish its goals, the Task Force monitors the success of fairness and equity strategies, provides follow-up, and establishes channels of communication for feedback from staff, clients and community partners.

The Fairness and Equity Task Force will focus on the positive characteristics and the unique strengths and dignity of culturally diverse families so that they can be enabled and empowered to provide for the needs of their children and youth with the support of their engaged community and the services of culturally competent professionals.

As a result of the efforts of the Self-Assessment Team, Countywide efforts have begun to address Fairness & Equity and Cultural Competency. A multidisciplinary team has developed a memorandum of understanding for County agencies to abide by in order to ensure that each department identify and address fair and equitable issues related to their service delivery.

**Additional State Support Needed** - The following are areas in which additional support from the state would help our County achieve improved positive outcomes for children and families:

- Allocate more funding to adequately support at least the minimum staff required to meet all state and federal mandates for the provision of Child Welfare Services.
- Enact legislation that directs Juvenile Court to acknowledge research-based best practices when considering intervention strategies designed by family involvement in the development of a successful case plan.
- Enact legislation and secure funding for more judges, courtrooms and reduced child/parent attorney caseloads to help reduce court calendar congestion to assist in our meeting reunification and permanency timelines.
- Enact legislation regarding the Unified Resource Family Assessment process and secure funding to reform relative approval process to decrease delays in placement of children with family while still ensuring children's safety.
- Enact legislation and secure funding to support treatment of emotionally and behaviorally disordered children and treatment of substance abusing youth outside of the Child Protective Services venue so as to limit parental abandonment of their children in order for the child to receive treatment.
- Implement strategic improvements in the CWS/CMS system that align it with social work practice and more flexible application by users as well as the ability to customize specific portions for County administration.
- Secure full funding of the Kinship Support Services Program.
- Secure funding of Family To Family and Family Group Decision Making.
- Secure funding of Relative Approval Unit up to the CCL Licensing worker caseload standards.
- Enact legislation and secure funding for recognizing portability issues for family/child engagement and the need for laptops.
- Enact legislation and secure funding for educational advocates to support AB490 activities.
- Give top priority to CMS enhancement of Adoption and ILP tracking.

- Enact legislation to give COLA and rate increases to foster caregivers and respite care.

### **Summary of Systemic Improvements:**

**Relationship with Court:** The rapport between the Court and the Department's line staff has improved substantially. This was facilitated by improving the communication between the Court and the Department's administration. DCS and the Court have established a Coordination and Implementation Committee to address issues as they arise and to collaborate on enhancements to Court related processes. The Court has expressed a genuine desire to maintain a positive and cooperative relationship with the Department. Likewise, the Department has welcomed the improvement to what line staff had previously regarded as an adversarial relationship with the Court.

Social workers have shown improvement in the proper completion and submittal of court documents, noticing, notifying the Court when a child has been moved, and adherence to the law. DCS is improving its ability to ensure that its social workers' four-day flex-schedule is compatible with the Court's five-day workweek. Social workers have been made aware of proper courtroom attire and the importance of punctuality when appearing in court.

As mentioned in the Summary section of the 2005 Self-Assessment Report, DCS and the Court have developed a mandatory Court Orientation for clients. This orientation facilitates the completion of critical documents and provides an overview of the court process while instilling a sense of urgency to provide for the safety, well-being and permanency of the child in a loving family setting where the child will thrive.

In addition, the Court Orientation video (now in production) is designed to provide information about the Court process while reducing fear and giving encouragement to parents who are new to the Child Welfare System.

The Department and the Court look forward to a more efficient Juvenile Court process, based upon a strong foundation of open communication and collaboration. Through a purposeful system of communication, the Department and the Court will continue to address current issues, design improvements and implement enhancements in order to transform the system of delivering Child Welfare Services.

**Training:** The entire Department staff is undergoing mandatory training in Fairness and Equity, Understanding Poverty, Domestic Violence, Teaming Strategies (New Initiatives), Substance Abuse, and Family To Family Readiness. Contracted professionals and County trainers are providing the training. Completion of training existing staff is scheduled for June 2006.

## Changes in Outcomes

Since the 2004 cycle of the Self-Assessment and development of the System Improvement Plan, the County has made significant improvement in outcomes.

Included in the updated Self-Assessment Report are the data tables from the **Quarterly County Data Report** (QCDR), produced by the California Department of Social Services (CDSS) and the University of California at Berkeley. This report is broken down into four general categories of information: Child Welfare Services Participation Rates, Safety Outcomes, Permanency Outcomes, and Child and Family Well-Being Outcomes. Comparisons are made between the most recent data and the oldest data provided by CDSS in the 2<sup>nd</sup> Quarter 2005 QCDR.

### Child Welfare Services Participation Rates (Year 2004)

- The County's population of children under the age of 18 has **increased** by 6,655 (since 2002) to 571,870.
- Of this population, 39,507 (69.1 per 1,000) unduplicated children were involved in a CWS referral during the year. This is an **increase** of 3,069 (4.6 per 1,000) since 2002.
- Substantiated referrals were 5,588 (9.8 per 1,000) a **decrease** of 343 (0.7 per 1,000) since 2002.
- There were 1,731 children (3.0 per 1,000) who entered a child welfare supervised placement for at least five days duration for the first time during 2004, a **decrease** of 55 (0.2 per 1,000) since 2002.
- There were 5,405 children (8.9 per 1,000) under the age of 19 in child welfare supervised foster care on July 1, 2004, a **decrease** of 28 (0.1 per 1,000) since July 1, 2003.

### Safety Outcomes

- 1A. Federal – 9.3% of all children with a substantiated allegation within the first six months of the 12-month study period (04/01/04-03/31/05) had another substantiated allegation within six months (limited to dispositions within the study year, according to federal guidelines). This is a 0.7% **decrease** since the study period 07-01/02-06/30/03.
- 1B. State – 12.8% of all children with a substantiated referral during the 12-month study period (04/01/03-03/31/04) had a subsequent substantiated referral within 12 months. This is a 2% **decrease** since the study period 07/01/01-06/30/02.
- 1B. State – 11.3% of all children with a first substantiated referral during the 12-month study period (04/01/03-03/31/04) had a subsequent substantiated referral within 12 months. This is a 2.2% **decrease** since study period 07/01/01-06/30/02.
- 1C. Federal - 1.10% of all children in county supervised or Foster Family Agency child welfare supervised foster care during the federally established nine month review period (07/01/04-03/31/05) had a substantiated allegation by a foster parent during that time. This is a 0.83% **increase** since review period 10/01/02-06/30/03.
- 2A. State – 9.2% of all children with allegation (inconclusive or substantiated) during the 12-month study period (04/01/03-03/31/04) who were not removed, had a

subsequent substantiated allegation within 12 months. This is a 1.2% **decrease** since study period 07/01/01-06/30/02.

- 2B. State – 94.2% of all 1<sup>st</sup> Quarter 2005 Immediate Response referrals of child abuse and neglect have resulted in an in-person investigation, both planned and actual visits. This is a 2.2% **increase** since Q2 2003.
- 2B. State – 94.8% of all 1<sup>st</sup> Quarter 2005 10-Day Response referrals of child abuse and neglect have resulted in an in-person investigation, both planned and actual visits. This is a 1.3% **decrease** since Q2 2003.
- 2C. State – In March 2005, 87.1% of all children who required a monthly social worker visit, received a monthly visit. This is a 4.4% **increase** since April 2003.

#### Permanency Outcomes

- 3E. Federal – 60.5% of all children reunified from child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) had been in care for less than 12 months. This is a 3.7% **decrease** since study period 07/01/02-06/30/03.
- 3A. State – 38.4% of all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/03-03/31/04) were reunified within 12 months (entry cohort). This is a 3.5% **decrease** since study period 07/01/01-06/30/02.
- 3D. Federal – 29.8% of all children who were adopted from child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) had been in care for less than 24 months. This is a 10.1% **increase** since study period 07/01/02-06/30/03.
- 3A. State – 6.5% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/02-03/31/03) were adopted within 24 months (entry cohort). This is a 3.2% **increase** since the study period 07/01/00-06/30/01.
- 3B. Federal – 81.3% of all children in child welfare supervised foster care for less than 12 months during the 12-month study period (04/01/04-03/31/05). This is a 0.5% **increase** since study period 07/01/02-06/30/03.
- 3C. State – 63.5% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/03-03/31/04), and were in care for 12 months, had no more than two placements (entry cohort). This is a 1.4% **decrease** since study period 07/01/01-06/30/02.
- 3F. Federal – 9.5% of all children who entered child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) were subsequent entries within 12 months of a prior exit. This is a 2.4% **decrease** since study period 07/01/02-06/30/03.
- 3G. State – 14.4% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/02-03/31/03) and were reunified within 12 months of entry re-entered foster care within 12 months of reunification (entry cohort). This is a 3.5% **increase** since study period 07/01/00-06/30/01.

#### Child and Family Well-Being Outcomes

- 4A. State - 51.5% of all children in child welfare supervised foster care on April 1, 2005, with siblings in care, were placed with ALL of their siblings. This is a 3.2% increase **since July 1, 2003.**
- 4A. State - 73.7% of all children in child welfare supervised foster care on April 1, 2005, with siblings in care, were placed with SOME or ALL of their siblings. This is a 1.1% **increase** since July 1, 2003.
- 4B. State – 15.9% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *relative (kin) care as an initial placement*. This is a 0.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 32.4% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *relative (kin) care as a primary placement*. This is a 0.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 33.5% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *relative (kin) care*. This is a 0.5% **increase** since July 1, 2003.
- 4B. State – 29.9% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *foster home care as an initial placement*. This is an 8.6% **decrease** since the study period 07/01/02-06/30/03.
- 4B. State – 16.1% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *foster home care as a primary placement*. This is a 2.2% **decrease** since the study period 07/01/02-06/30/03.
- 4B. State – 8.0% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *foster home care*. This is a 2.3% **decrease** since July 1, 2003.
- 4B. State – 43.2% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *foster family agency (FFA) care as an initial placement*. This is a 5.7% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 39.4% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *foster family agency (FFA) care as a primary placement*. This is a 1.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 28.0% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *foster family agency (FFA) care*. This is a 0.6% **increase** since July 1, 2003.
- 4B. State – 3.6% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *group home care as an initial placement*. This is a 0.7% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 4.1% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period

(04/01/04-03/31/05) were in *group home care as an primary placement*. This is a 0.8% **decrease** since the study period 07/01/02-06/30/03.

- 4B. State – 8.7% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *group home care*. This is a 0.1% **increase** since July 1, 2003.
- 4B. State – 7.4% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in “*other*” *care as an initial placement*. This is a 1.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 8.0% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in “*other*” *care as a primary placement*. This is a 0.8% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 21.8% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in “*other*” *care*. This is a 1.1% **increase** since July 1, 2003.
- 4E. State – 47.6% of children identified in CWS/CMS with a “y” as Indian Child Welfare Act (ICWA) eligible were placed in foster care in *relative* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 6.9% **increase** since the 2<sup>nd</sup> Quarter of 2003.
- 4E. State – 0.0% of children identified in CWS/CMS with a “y” as Indian Child Welfare Act (ICWA) eligible were placed in foster care in *non-relative Indian family* homes as of the 1<sup>st</sup> Quarter of 2005. This is the **same** percentage reported for the 2<sup>nd</sup> Quarter of 2003.
- 4E. State – 47.6% of children identified in CWS/CMS with a “y” as Indian Child Welfare Act (ICWA) eligible were placed in foster care in *non-relative non-Indian family* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 21.7% **increase** since the 2<sup>nd</sup> Quarter of 2003.
- 4E(2). State – 40.4% of all Indian Child Welfare Act (ICWA) eligible children as identified with primary or mixed (multi) ethnicity of American Indian were placed in foster care in *relative* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 7.1% **increase** since the 1<sup>st</sup> Quarter of 2004.
- 4E(2). State – 4.5% of all Indian Child Welfare Act (ICWA) eligible children as identified with primary or mixed (multi) ethnicity of American Indian were placed in foster care in *non-relative Indian family* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 5.0% **decrease** since the 1<sup>st</sup> Quarter of 2004.
- 4E(2). State – 50.6% of all Indian Child Welfare Act (ICWA) eligible children as identified with primary or mixed (multi) ethnicity of American Indian were placed in foster care in *non-relative non-Indian family* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 3.0% **increase** since the 1<sup>st</sup> Quarter of 2004.
- 8A. State – 234 foster children eligible for Independent Living Services *received a high school diploma* during the period 10/01/03-09/30/04. This is a **decrease** of 43 since the period 10/01/01-09/30/02.
- 8A. State – 193 foster children eligible for Independent Living Services *enrolled in college or higher education* during the period 10/01/03-09/30/04. This is a **decrease** of 17 since the period 10/01/01-09/30/02.
- 8A. State – 3,017 foster children eligible for Independent Living Services *received ILP Services* during the period 10/01/03-09/30/04. This is an **increase** of 335 since the period 10/01/01-09/30/02.

- 8A. State – 91 foster children eligible for Independent Living Services *completed vocational training* during the period 10/01/03-09/30/04. This is an **increase** of 14 since the period 10/01/01-09/30/02.
- 8A. State – 728 foster children eligible for Independent Living Services *were employed or had other means of support* during the period 10/01/03-09/30/04. This is an **increase** of 116 from the period 10/01/01-09/30/02.

#### **B. Areas for further exploration through the PQCR**

San Bernardino County completed the PQCR process in March 2004. The updated Self-Assessment Report (2005) and the updated System Improvement Plan (2006) represent a combination of facts and issues arising from the C-CFSR process. With the issues covered in these reports in mind, the County intends to continue exploring strategies to improve outcomes for the children and families.



**Outcome/Systemic Factor: Rate of Foster Care Re-Entry (3F/3G) –**

3F. Federal: For all children who entered child welfare supervised foster care during the 12-month study period, what percent were subsequent entries within 12 months of a prior exit?

3G. State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

**County's Current Performance:**

3F. Federal – 9.5% of all children who entered child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) were subsequent entries within 12 months of a prior exit. This is a 2.4% **decrease** since study period 07/01/02-06/30/03.

3G. State – 14.4% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/02-03/31/03) and were reunified within 12 months of entry re-entered foster care within 12 months of reunification (entry cohort). This is a 3.5% **increase** since study period 07/01/00-06/30/01.

<b>Improvement Goal 1.0</b> Improve data input regarding foster care and placement.						
<b>Strategy 1.1</b> Implementation of new placement log.				<b>Strategy Rationale:</b> Correct entry of foster care placement changes will reduce number of incorrect foster care re-entries.		
Milestone	1.1.1	Review current placement log process.	Timeframe	Completed	Assigned to	Program Development Division (PDD), Administrative Resources Division (ARD), Service Region staff
	1.1.2	Recommend and make changes.		Completed		PDD, ARD, Service Region staff
	1.1.3	Implement and train staff on placement log and best practice.		3 months (07/01/06 – 09/30/06)		PDD, ARD
<b>Strategy 1.2</b> Monitor compliance with placement change information and provide policy clarification as needed.				<b>Strategy Rationale:</b> Correct entry of foster care placement changes will reduce number of incorrect foster care re-entries.		
Milestone	1.2.1	Implement use of SafeMeasures (contract for subscription to SafeMeasures).	Timeframe	3 months (07/01/06 – 09/30/06)	Assigned to	ARD, Service Regions
	1.2.2	Train staff.		6 months (10/01/06 – 03/31/07)		ARD, PERC, Service Regions
	1.2.3	Monitor utilization.		Ongoing		ARD, Service Regions
<b>Strategy 1.3</b> Collect and analyze data to help determine commonalities among children re-entering foster care.				<b>Strategy Rationale:</b> Identification of commonalities will assist targeting of appropriate interventions and help in analysis of trends.		

Milestone	1.3.1 Utilize CWS/CMS to monitor trends.	Timeframe	Ongoing	Assigned to	Legislation and Research Unit (LRU)
Improvement Goal 2.0 Improve post-reunification safety planning.					
Strategy 2.1 Train staff to develop plans for post-reunification services and family reintegration.			Strategy Rationale: A post-reunification plan for families does not currently exist. A family maintenance plan exists. There is a critical need to be able to assess the family's needs for stability.		
Milestone	2.1.1 Develop a reintegration needs assessment tool.	Timeframe	12 months (07/01/06 – 06/30/06)	Assigned to	ARD, PDD, Service Regions
	2.1.2 Plan for parent relapse.		Ongoing		Service Regions
	2.1.3 Develop and implement exit debriefing (post-reunification support plan).		12 months (07/01/007 – 06/30/08)		ARD, PDD, Service Regions
Strategy 2.2 Next Request For Proposals (RFP) cycle to solicit proposals to provide post-reunification and family reintegration services.			Strategy Rationale: The addition of the services will greatly improve the success of reunification.		
Milestone	2.2.1 Develop and issue RFP.	Timeframe	24 months out (01/01/08)	Assigned to	ARD, ASD
	2.2.2 Create, recruit and hire a Community Liaison (if funding is available).		6 months (07/01/08 – 12/31/08)		ARD, DCS SS

<b>Strategy 2.3</b> Develop a post-reunification workbook (reunification resource packet) for parents.			<b>Strategy Rationale:</b> This workbook will show how to interact with schools, Department of Behavioral Health (DBH), Public Health (DPH) and other agencies. Many parents have never learned how to interact with these agencies.		
Milestone	<b>2.3.1</b> Develop an array of reunification support services (transportation, housing, other contributions of various agencies).	Timeframe	12 months (07/01/06 – 06/30/06)	Assigned to	DBH, DPH, County Schools, Probation, Transportation Department, Children’s Network, ARD, DCS SS
	<b>2.3.2</b> Enlist the involvement of parents who have successfully reunified with their children to model appropriate parenting skills (parent coaching) to parents of children who are reunifying and exiting foster care.		Ongoing		ARD, DCS SS, Service Regions
	<b>2.3.3</b> Provide Health & Education Passport, transitional documents, Parent’s responsibility sheet, and access information for kiosk/resource bank (exit debriefing).		Ongoing		ARD, DCS SS, Service Regions
	<b>2.3.4</b> Develop plan and resources for respite for reunified families.		Ongoing		ARD, DCS SS, Service Regions
<b>Strategy 2.4</b> Apply to Child Welfare Improvement Allocation (CWIA) and other sources for funding of post-reunification services.			<b>Strategy Rationale:</b> High risk needs children who have emotional, mental, or educational delay tend to come back into the foster care system more often because they are a strain of the parents’ capabilities. The needs of these children present a risk factor.		
Milestone	<b>2.4.1</b> Develop MOU with Public Health for Public Health Nurses to address children with high risk needs.	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	ARD, DCS SS, Public Health

<b>Strategy 2.5</b> Implement Comprehensive Assessment Tool (CAT).			<b>Strategy Rationale:</b> This tool will provide backup documentation for status review hearing.		
<b>Milestone</b>	<b>2.5.1</b> Train social workers to thoroughly assess family needs.	<b>Timeframe</b>	12 months (07/01/06 – 06/30/07)	<b>Assigned to</b>	ARD, Performance-Education-Resource-Centers (PERC), Service Regions
	<b>2.5.2</b> Monitor compliance.		Ongoing		ARD, Service Regions
	<b>2.5.3</b> Utilize key indicators (Sphere Institute) of data to make decisions, and understand trends and initiative practice. (What is the probability of this family getting their child back?)		Ongoing		ARD, DCS Administration, Service Regions
<b>Describe systemic changes needed to further support the improvement goal.</b> 1) Improving the accuracy and timeliness of entering data into the Placement Log is an ongoing endeavor for the Department. 2) The Department will begin to solicit proposals to provide post-reunification and family re-integration services. 3) If funding is available, a Community Liaison will facilitate the achieving of goals in this area. 4) The Department will continue to seek funding to support its efforts to improve outcomes. 5) Subscription to a comprehensive assessment tool is forthcoming.					
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> The provider of the assessment tool will be instrumental in training staff to use the tool. The provider of SafeMeasures will be instrumental in training staff to use this tool. PERC will coordinate initial training and ongoing training for the following: 1) use of the comprehensive assessment tool, 2) placement log, 3) best practice, 4) SafeMeasures, and 5) Developing plans for post-reunification services and family integration.					
<b>Identify roles of the other partners in achieving the improvement goals.</b> PERC will coordinate and provide training on use of the new tool to assess a family needs and make decisions to meet those needs. ARD will provide the administrative support to initiate, implement and facilitate the ongoing processes. The Service Regions will be involved in ongoing training, monitoring and support of their staff.					
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Legislation is needed to ensure adequate funding to support these improvement efforts. The Child Welfare Improvement Activities funding (from CWSOIP) is an important beginning to this type of supportive funding, however, much more available funding is needed. Also, San Bernardino County's base rate has not changed in the past five years, indicating that a review of base rates statewide is overdue. Base rates should be determined in a manner that is fair and equitable to all counties.					

**Outcome/Systemic Factor: Children Transitioning to Self-Sufficient Adulthood (8A)** - This measure is designed to reflect the degree to which children and families are receiving the services necessary to provide for their care and developmental needs.

This measure reflects the number of foster children eligible for Independent Living Program services who receive appropriate education and training, and/or achieve employment or economic self-sufficiency. This measure includes data regarding youths, ages 16 through 20, who receive services from the Independent Living Foster Care Program. It identifies the number of youths receiving Independent Living Program services, the program outcomes for those youths, and certain client characteristics. This measure is limited to a subset population obtained from State of California form 405A. It is a state outcome measure.

**County's Current Performance:**

- 8A. State – 234 foster children eligible for Independent Living Services *received a high school diploma* during the period 10/01/03-09/30/04. This is a **decrease** of 43 since the period 10/01/01-09/30/02.
- 8A. State – 193 foster children eligible for Independent Living Services *enrolled in college or higher education* during the period 10/01/03-09/30/04. This is a **decrease** of 17 since the period 10/01/01-09/30/02.
- 8A. State – 3,017 foster children eligible for Independent Living Services *received ILP Services* during the period 10/01/03-09/30/04. This is an **increase** of 335 since the period 10/01/01-09/30/02.
- 8A. State – 91 foster children eligible for Independent Living Services *completed vocational training* during the period 10/01/03-09/30/04. This is an **increase** of 14 since the period 10/01/01-09/30/02.
- 8A. State – 728 foster children eligible for Independent Living Services *were employed or had other means of support* during the period 10/01/03-09/30/04. This is an **increase** of 116 from the period 10/01/01-09/30/02.

<b>Improvement Goal 1.0</b> Expand and improve the quality of ILP data.						
<b>Strategy 1.1</b> Develop a tracking system for the number of ILP-eligible youth that have a completed Transitional Independent Living Plan (TILP).				<b>Strategy Rationale:</b> Currently, regions utilize systems which were improvised independently of the other regions, resulting in a lack of communication and coordination of ILP data between regions.		
Milestone	1.1.4	Investigate existing methods of tracking ILP data in regions.	Timeframe	3 months (07/01/06 – 09/30/06)	Assigned to  Administrative Resources Divison (ARD), Department of Children’s Services Special Services (DCS/SS), Service Regions	
	1.1.5	Develop a database to track, coordinate and share data between all regions.		6 months (10/01/06 – 3/31/07)		
	1.1.6	Train staff and implement tracking system.		4 months (04/01/07 – 07/31/07)		ARD, DCS SS  ARD, DCS SS, PERC
<b>Strategy 1.2</b> Develop data sharing and access between County Independent Living Program (ILP) staff and Aftercare vendors.				<b>Strategy Rationale:</b> Aftercare vendors capture and record important data which is very useful to ILP staff.		
Milestone	1.2.1	Identify types of information available.	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to  DCS/ARD, DCS SS	
	1.2.2	Develop a plan to integrate ILP data		3 months (01/01/07 – 03/31/07)		ARD, DCS SS
	1.2.3	Share plan with community partners.		1 month (04/01/07 – 04/30/07)		DCS/ARD, PERC

<b>Strategy 1.3</b> Develop capability to track and report ILP services provision and compliance for managers, supervisors and workers.			<b>Strategy Rationale:</b> Managers and Supervisors currently do not have a tool for monitoring the completion of Transitional Independent Living Plans (TILP).		
Milestone	1.3.1 Investigate the use of special projects tab in CWS/CMS to indicate completion of Transitional Independent Living Plan (TILP).	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	ARD, DCS SS, Legislation and Research Unit (LRU)
	1.3.2 Report compliance with TILP completion.		Ongoing		ARD, DCS SS
Improvement Goal 2.0 Increase early awareness and exposure to Independent Living Program for youth, foster parents and relatives.					
<b>Strategy 2. 1</b> Develop a youth to youth connection to promote participation in ILP activities.			<b>Strategy Rationale:</b> The enthusiasm of the ILP-involved youth will stimulate the interest and participation of other ILP-eligible youth.		
Milestone	2.1.1 Identify leaders/mentors among ILP and AfterCare youth.	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	ARD, DCS SS
	2.1.2 Facilitate interaction of leaders/mentors with ILP-eligible youth to increase participation in ILP activities.		Ongoing		ARD, DCS/SS

<b>Strategy 2.2</b> Increase awareness of ILP activities among Foster Care parents and relatives.			<b>Strategy Rationale:</b> Informing foster care parents and relatives of the ILP services offered to youth will improve the participation rate in those services.		
Milestone	2.2.1 Publish and distribute an ILP Newsletter.	Timeframe	Ongoing	Assigned to	DCS SS
	2.2.2 Communicate with Foster Parent Associations and kinship centers.		Ongoing		DCS SS
<b>Strategy 2.3</b> Use Child Welfare Improvement Allocation (CWIA) funds to support Youth Advisory Board (YAB) activities that are not supported by State or Federal funds.			<b>Strategy Rationale:</b> The YAB has proven to be a valuable avenue for youth to youth support. Additionally, valuable youth feedback regarding ILP and CW service delivery is emerging.		
Milestone	2.3.1 Investigate options for outreach to 14-16 year olds.	Timeframe	3 months (07/01/06 – 09/30/06)	Assigned to	ARD, DCS SS
	2.3.2 Research and apply for grants and other sources of funding for early awareness and pre-ILP activities and services.		6 months (10/01/06 – 03/31/07)		ARD. DCS SS
<b>Strategy 2.4</b> Add a heading to all Status Review hearing Court Reports to indicate transitional readiness of youth aged 15 ½ or older.			<b>Strategy Rationale:</b> Increased emphasis and attention to the readiness of youth to transition will help the social worker to focus appropriate services to ensure a successful transition to adulthood.		

Milestone	2.4.1 Put heading in all status review hearing reports.	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	ARD, PDD
	2.4.2 Add instructions to writing guides to indicate what issues to address regarding the youth’s readiness.		6 months (07/01/06 – 12/31/06)		ARD, PDD
<b>Improvement Goal 3.0</b> Increase number of foster children passing the State High School Exit Exam by 2% the first year (2005-2006) and 5% the next year (2006-2007).					
<b>Strategy 3. 1</b> Establish a system to identify and track foster children who pass the State High School Exit Exam.			<b>Strategy Rationale:</b> After identification, appropriate services and support can be offered to the youth so that the rate success will be improved.		
Milestone	3.1.1 Identify youth of age/grade level to take exam.	Timeframe	3 months (07/01/06 – 09/30/06)	Assigned to	ARD, DCS SS, AfterCare
	3.1.2 Provide or finance tutoring.		Ongoing		ARD, DCS SS, AfterCare
<b>Strategy 3.2</b> Develop ways to assist social workers in identifying foster youth that are at risk of not passing the high school exit exam by the end of their sophomore year.			<b>Strategy Rationale:</b> Alternative trainings will be considered for those youth who are at risk.		

Milestone	3.2.1	Establish relationship with schools in order to track progress of youth.	Timeframe	Ongoing	Assigned to	ARD, DCS SS, Case Carriers
	3.2.2	Modify 318 to show results of exam for each youth.		3 months (07/01/06 – 09/30/06)		ARD, PDD
	3.2.3	Train Foster Parent to contact Social Worker when the exam results are available.		Ongoing		ARD, DCS SS, Case Carriers
	3.2.4	Channel youth to tutoring as needed.		Ongoing		DCS SS, Case Carriers
<b>Improvement Goal 4.0</b> Provide alternative paths to self-sufficiency for those foster youth who do not pass the State High School Exit Exam and do not have a reasonable expectation of graduating or completing high school.						
<b>Strategy 4. 1</b> Identify youth who do not pass exam and notify foster parents of alternate services that will be provided.				<b>Strategy Rationale:</b> Alternative training will be made available to those youth who do not pass.		
Milestone	4.1.1	Continue tutoring for those students who are eligible to continue testing in high school.	Timeframe	Ongoing	Assigned to	ARD, DCS SS, Case Carriers
	4.1.2	Continue to encourage and support the youth.		Ongoing		ARD, DCS SS, Case Carriers
<b>Strategy 4.2</b> Explore alternatives for youth who do not pass the exam and can no longer test in high school.				<b>Strategy Rationale:</b> Testing can continue after high school, however, some youth may choose to pursue vocational or other training.		

Milestone	4.2.1 Explore emancipation conferencing	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	ARD, DCS SS
	4.2.2 Develop a list of alternative vocational and other training.		12 months (07/01/06 – 06/30/07)		ARD, DCS SS
Strategy 4.3 Develop funding for alternative programs.			Strategy Rationale: Alternative programs can be provided by contractors if funding is available.		
Milestone	4.3.1 Evaluate existing funding sources.	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	ARD, DCS SS
	4.3.2 Identify and apply for grants.		6 months (01/01/07 – 06/30/07)		ARD, DCS SS
Describe systemic changes needed to further support the improvement goal. Enhancing aftercare services and establishing a system of on-going communication with transitioning youth will facilitate the measurement of the success of transition to self-sufficiency.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. ILP policy and procedure training will be provided to DCS social workers as well as court staff. Foster Parents and Relative Caregivers will receive training on ILP services and how to help youth to transition from foster care to independent living. ILP youth who participate in CYC will receive leadership training. Technical assistance and resources are necessary to accomplish these ILP improvement goals.					
Identify roles of the other partners in achieving the improvement goals. PCWTA and PERC will assist in reviewing existing training materials and policies/procedures, identifying needed changes and additions, and developing/implementing training. Community Colleges will be involved in identifying training needs. PDD will advise on training, policy development and procedures. LRU will provide the necessary statistical and legislative analysis. F2F will be vitally involved in planning and implementation as well as ongoing monitoring and evaluation. SS and ARD will remain involved through the entire process to lend support services. Community Partners will be encouraged and invited to be involved throughout this process.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. The County will continue to advocate for the necessary bridges to restricted data that is pertinent to tracking long-term outcomes for transitioning youth.					

**Outcome/Systemic Factor: Timeliness to Adoption (3D)** - This federal outcome measure compares the number of children who were adopted from Child Welfare Services supervised foster care during a 12-month study period with the number of those same children who had been in care for less than 24 months.

Outcome 3D is a multiple system outcome. There are numerous agencies that have a stake in the child's well being and numerous rules and regulations that must be adhered to by each agency for children to be appropriately transitioned from foster care to adoption.

**County's Current Performance:** 3D. Federal – 29.8% of all children who were adopted from child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) had been in care for less than 24 months. This is a 10.1% **increase** since study period 07/01/02-06/30/03.

<b>Improvement Goal 1.0</b> Increase quality communication between Adoptions and Child Protective Services.						
<b>Strategy 1.1</b> Conduct conjoint unit meetings between Adoptions and Child Protective Services once every four (4) months.				<b>Strategy Rationale:</b> The whole adoptions unit should meet with each CPS unit in order to establish rapport and increase awareness of the process the CPS unit must go through to get a child adopted.		
Milestone	1.1.7	Top down commitment that conjoint meetings will take place and that the agenda will reflect items that will strengthen the collaboration.	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	Adoptions, DCS Service Regions, Department of Children’s Services (DCS) Administration
	1.1.8	“Alert” for conjoint meetings issued to all staff and supervisors detailing conjoint meetings		3 months (07/01/06 – 09/30/06)		DCS/Administrative Resources Division (ARD), Program Development Division (PDD)
<b>Strategy 1.2</b> Implement teamed Concurrent Planning matching process.				<b>Strategy Rationale:</b> Early identification of potential adoptive families is critical to the timely and successful adoption of a child into a permanent home. The teamed CP matching process will quicken this identification and provide a more thorough list of potential adoptive families for the child.		
Milestone	1.2.4	Identify Team	Timeframe	3 months (07/01/06 – 09/30/06)	Assigned to	DCS/ARD, DCS Service Regions, PDD
	1.2.5	Educate staff as to teamed Concurrent Planning process		6 months (10/01/06 – 03/31/07)		DCS/ARD, DCS Service Regions, PDD
	1.2.6	Designate a pilot implementation region		12 months (10/01/06 – 09/30/07)		DCS/ARD, DCS Service Regions, PDD

<b>Strategy 1.3</b> Integrate Adoptions staff in proximity to Child Protective Services staff at the same physical location.			<b>Strategy Rationale:</b> Physical proximity of adoptive and CPS staff will promote better communication, yielding improved adoptions outcomes.		
Milestone	1.3.1 Identify which adoptions staff are out-stationed away from CPS Staff.	Timeframe	3 months (07/01/06 – 09/30/06)	Assigned to	Adoptions, ARD, Service Regions
	1.3.2 Assess the possible relocation of adoptions staff.		3 months (10/01/06 – 12/31/06)		Adoptions, ARD, Service Regions
	1.3.3 Recommend to regional management necessary staff relocation.		3 months (01/01/07 – 03/31/07)		ARD, facilities management, regional Supervising Office Specialist
	1.3.4 Coordinate staff relocation.		12 months (04/01/07 – 03/31/08)		ARD, facilities management, regional Supervising Office Specialist
<b>Strategy 1.4</b> Implement secondary assignment status for Concurrent Planning worker at 45-day post-disposition CPR (Concurrent Planning Review) for low reunification prognosis cases, or at any other time it is determined that reunification prognosis is low.			<b>Strategy Rationale:</b> This process is necessary in cases where reunification services have been provided for six months or more and for cases where reunification is likely to fail.		
Milestone	1.4.1 Implement and require the use of reunification prognosis tool (KATZ) sometime before the 45-day post-dispo.	Timeframe	6-12 months (07/01/06 – 06/30/07)	Assigned to	ARD, Service Regions, PDD
	1.4.2 Communicate the assessment during Concurrent Planning review.		6-12 months (07/01/06 – 06/30/07)		ARD, Service Regions, PDD
	1.4.3 Monitor and ensure that the reunification prognosis tool is being used and the Concurrent Planning Review is being conducted before the 45-day post-dispo.		6-12 months (07/01/06 – 06/30/07)		ARD, Service Regions, PDD

<b>Improvement Goal 2.0</b> Increase monitoring, compliance and data tracking of management reports.						
<b>Strategy 2. 1</b> Design and implement consistent tracking and monitoring system for Concurrent Planning Reviews in conjunction with Child Protective Services.			<b>Strategy Rationale:</b> Effective tracking along with accurate and timely management reports will ensure that Concurrent Planning Reviews are being conducted as required.			
Milestone	2.1.1	Identify and evaluate current tracking system.	Timeframe	6-12 months (07/01/06 – 06/30/07)	Assigned to	ARD, DCS Special Services (SS), Legislation and Research Unit (LRU)
	2.1.2	Develop Countywide tracking system.		6-12 months (07/01/06 – 06/30/07)		ARD, DCS Special Services, Legislation and Research Unit (LRU)
	2.1.3	Train staff and monitor effectiveness.		6-12 months (07/01/06 – 06/30/07)		ARD, DCS Special Services, Legislation and Research Unit (LRU)
<b>Strategy 2. 2</b> Modify Concurrent Planning Status Review Report to show detailed Concurrent Planning information.			<b>Strategy Rationale:</b> It is necessary to show more complete Concurrent Planning information on the CPR Status Report so that effective actions can be taken.			
Milestone	2.2.1	Include a heading or header on Concurrent Planning Review Status Report to show detailed CP information	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	ARD, DCS SS, PDD, Court Coordination Committee
	2.2.2	Monitor compliance with completing the CP information in the heading of the CPR Status Report.		Ongoing		ARD, DCS SS, Service Regions
<b>Strategy 2.3</b> Implement SafeMeasures to monitor and track Concurrent Planning compliance.			<b>Strategy Rationale:</b> SafeMeasures has been tested and proven to aid supervisors in monitoring the performance of their units.			

Milestone	2.3.1 Investigate the capabilities of CWS/CMS and SafeMeasures.	Timeframe	3 months (07/01/06 – 09/30/06)	Assigned to	ARD, DCS SS
	2.3.2 Develop tracking capability to monitor Concurrent Planning compliance.		2 months (10/01/06 – 11/30/06)		ARD, DCS SS
	2.3.3 Develop reward system for high compliance with CP completion.		3 months (10/01/06 – 12/31/06)		ARD, DCS SS
	2.3.4 Develop a management report of CP compliance.		1 month (12/01/06 – 12/31/06)		ARD, DCS SS
<b>Improvement Goal 3.0</b> Implement SB 218, legislation (2005) that, under specified circumstances, authorizes a court to designate a current caregiver as a “prospective adoptive parent” if the caregiver has met the threshold criteria contained in the legislation.					
<b>Strategy 3. 1</b> Develop a committee to guide County implementation of SB 218.			<b>Strategy Rationale:</b> New policy and procedures are necessary to communicate and implement the changes resulting from this new legislation.		
Milestone	3.1.3 Identify team.	Timeframe	3 months (07/01/06 – 09/30/06)	Assigned to	Adoptions
	3.1.4 Initiate ongoing meetings to implement policy.		6 months (10/01/06 – 03/31/07)		ARD, PDD, Adoptions, Service Regions
<b>Strategy 3.2</b> Initiate Concurrent Planning matching process at initial foster care placement.			<b>Strategy Rationale:</b> Early identification of potential permanent homes is critical.		

Milestone	3.2.5	Insure that CPR is being done.	Timeframe	Ongoing	Assigned to	ARD DCS SS			
	3.2.6	Identify CP foster homes (see 4.1)		Ongoing		ARD, DCS SS			
	3.2.7	Utilize Foster Care home studies for developing pool of adoptive homes.		Ongoing		ARD, Adoptions, DCS Placement Unit (CPU)			
Strategy 3. 3				Develop and train Social Workers and Foster Parents on placement issues due to SB 218.			Strategy Rationale: SB 218 is recent legislation that will affect decisions regarding permanent placement. All social workers and foster parents need to become aware of this legislation.		
Milestone	3.3.1	Develop training curriculum.	Timeframe	3 months (07/01/06 – 09/30/06)		Assigned to	ARD, DCS SS, PERC		
	3.3.2	Identify staff and foster parents to be trained.		3 months (07/01/06 – 09/30/06)			ARD, DCS SS, PERC		
	3.3.3	Schedule trainings.		1 month (10/01/06 – 10/31/06)			ARD, DCS SS, PERC		
	3.3.4	Implement trainings.		6 months (11/01/06 – 05/31/07)			ARD, DCS SS, PERC		
Strategy 3. 4				Refine Concurrent Planning Review process.		Strategy Rationale: The existing Concurrent Planning process is ineffective.			
Milestone	3.4.1	Revisit, review and evaluate existing process.	Timeframe	3 months (07/01/06 – 09/30/06)		Assigned to	ARD, DCS SS, PDD		
	3.4.2	Recommend changes.		3 months (07/01/06 – 09/30/06)			ARD, DCS SS, PDD		
	3.4.3	Communicate and implement changes.		1 month (10/01/06 – 10/31/06)			ARD, DCS SS, PDD		

<b>Improvement Goal 4.0</b> Fully implement Family To Family in target areas.						
<b>Strategy 4.1</b> Recruit train and support Resource Families for Concurrent Planning placements and adoptions.			<b>Strategy Rationale:</b> Building community capacity to accept placement and to adopt will improve outcomes.			
Milestone	4.1.1	Modify Foster Care home study to identify Concurrent Planning homes.	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	ARD, PDD, DCS SS
	4.1.2	Identify at CP Placement what skills are needed by CP family.		Ongoing		ARD, PDD, DCS SS
	4.1.3	Train and support foster parents.		Ongoing		ARD, DCS SS
<b>Strategy 4.2</b> Establish and maintain involvement of Community Partners in the Concurrent Planning Review process.			<b>Strategy Rationale:</b> Building community capacity to accept placement and to adopt will improve outcomes.			
Milestone	4.2.1	Identify key community partners (stakeholders) in Concurrent Planning process.	Timeframe	12 months (07/01/06 – 06/30/07)	Assigned to	ARD, PDD, Adoptions, Family To Family
	4.2.2	Train Community Partners.		12 months (07/01/07 – 06/30/08)		ARD, PDD, Adoptions, Family To Family
	4.2.3	Establish a community based Concurrent Planning Review process.		12 months (07/01/07 – 06/30/08)		ARD, PDD, Adoptions, Family To Family
<b>Strategy 4.3</b> Increase involvement of prospective adoptive families in TDM's (Team Decision Making).			<b>Strategy Rationale:</b> The prospective adoptive family has much to offer in the TDM process. Additionally, the prospective adoptive family's involvement will help to ensure that the decision making is accomplished with the input of all of the significant parties.			

Milestone	4.3.1 Identify prospective adoptive families.	Timeframe	Ongoing	Assigned to	ARD, Adoptions
	4.3.2 Train and support prospective adoptive families in the TDM process.		Ongoing		ARD, Adoptions
	4.3.3 Maintain communication with prospective adoptive families to facilitate scheduling and involvement in TDM's.		Ongoing		ARD, Adoptions
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Improved training for social workers and line supervisors will increase the appropriate use and effectiveness of concurrent planning, resulting in an improvement in performance in this outcome area. Continued refining of court procedures will facilitate faster adoptions. Increasing community capacity for adoptions will enable adoptions to occur sooner and enable the child to remain in the community.					
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Specific training programs will need to be developed in the areas of concurrent planning process and court procedures regarding juvenile dependency cases for parents, caretakers and staff. Technical assistance and numerous resources will be necessary to facilitate the needed informational changes in all of the above areas.					
<b>Identify roles of the other partners in achieving the improvement goals.</b> DCS/ARD will assist PDD, PERC, Special Services, Adoptions and judicial representatives in reviewing existing training materials and policies/procedures in their respective areas. Any needed changes will be identified and the development of new procedures will be planned and implemented in the respective departments.					
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> The State could allocate more funding to adequately support at least the minimum staff required to meet all state and federal mandates for the provision of Child Welfare Services. Legislation could be enacted that directs Juvenile Court activity be congruent with best practices and research based successful intervention strategies to assure family involvement and worker flexibility to modify case planning activity. Additional legislation is needed to control court and attorney activities that extend cases beyond the statutory limits for reunification and aid in timeliness for adoptions.					

<b>Outcome/Systemic Factor: Integration of Fairness and Equity in Child Welfare Services</b> — How well does the County’s child welfare system provide appropriate culturally competent services, resources and supports in order to ensure that all children and families, regardless of racial/ethnic background or special needs, obtain similar benefit from child welfare interventions and attain equally positive outcomes?						
<b>County’s Current Performance:</b> Children of color enter the child welfare system more frequently and at higher rates, stay for longer periods, and have lower rates of reunification than Caucasian children. Children with special needs are often unable to access necessary services due to geographical barriers or lack of availability of appropriate services.						
<b>Improvement Goal 1.0</b> Embed fairness and equity in the criteria used for all case decisions, particularly at critical decision points: 1) Prevention and Intake, 2) Placement and FM/FR Decision, 3) FR and Ongoing Services, 4) PP and Ongoing Services, 5) Transition Age Youth (AfterCare), and 6) Adoptions.						
<b>Strategy 1.1</b> Conduct a cultural survey in order to assess the child welfare system’s overall understanding and sensitivity to racial and ethnic disparities.			<b>Strategy Rationale:</b> By learning more about the manner in which racial and ethnic bias affects the child welfare system, opportunities for discrimination can be minimized. Objective instruments and guidelines free of racial and ethnic bias can be more effectively developed and implemented.			
Milestone	1.1.9	Develop survey and administer to mandated reporters, social workers and providers.	Timeframe	6 months (10/01/06 – 3/31/07)	Assigned to	Department of Children’s Services / Administrative Resources Division (DCS/ARD), Legislative Research Unit (LRU)
	1.1.10	Analyze results of survey.		2 months (04/01/07 – 05/31/07)		DCS/ARD, LRU
	1.1.11	Identify areas of resistance (barriers) and evaluate for possible areas of improvement (prevention) through training and policy/procedure/instrument updates.		4 months (06/01/07 – 09/30/07)		DCS/ARD, LRU, F&E Task Force (Fairness & Equity)
<b>Strategy 1.2</b> Train mandated reporters, Child Welfare Services staff and community partners in cultural awareness and sensitivity, aimed at reducing racial/ethnic stereotypes and bias in decision-making.			<b>Strategy Rationale:</b> Training will foster a positive culture and more appropriate values among those involved in the child welfare system. Training will also help to eliminate unnecessary removal of racial and ethnic minority children from their homes.			

Milestone	1.2.7	Develop training materials and implement training based upon results of cultural survey.	Timeframe	9 months (10/01/06 – 06/30/07)	Assigned to	DCS/ARD, PERC (Performance-Education-Resource-Center)
	1.2.8	Develop multicultural child abuse/neglect prevention workshop which will be included in established annual Children's Network Conference.		3 months (06/01/07 – 08/31/07)		County Cultural Competence Committee (Note: 1 <sup>st</sup> meeting was in 2005), PERC
	1.2.9	Update training materials and provide refresher training.		12 months (10/01/07 – 09/30/08)		County Cultural Competence Committee, PERC
Strategy 1.3 Update policies, procedures and practices in order to incorporate fairness and equity in all decision-making.				Strategy Rationale: Modification of policies, procedures and practice standards will enable the Department staff to deliver Child Welfare Services in a fair and equitable manner.		
Milestone	1.3.1	Create task force to review and identify areas of policies, procedures and practices where fairness and equity need to be emphasized.	Timeframe	6 months (10/01/06 – 03/31/07)	Assigned to	DCS/ARD, LRU, F&E Task Force
	1.3.2	Make necessary updates to policies, procedures and practices (including policies related to ICWA – Indian Child Welfare Act).		12 months (10/01/07– 09/30/08)		F&E Task Force, Program Development Division (PDD), DCS/ARD, DCS Administration
	1.3.3	Develop and implement training for staff as necessary in order to communicate changes in policies, procedures and practices.		12 months (10/01/07 – 09/30/08)		DCS/ARD, F&E Task Force, PERC, Tribal Star (San Diego State University)
Improvement Goal 2.0 Evaluate data in order to identify factors that correlate to high risk of entering the system and high risk of remaining in the child welfare system for a disproportionately long period of time.						

<b>Strategy 2. 1</b> Collect and evaluate data of actions that occur at early points in the child welfare system, in order to identify causes of racial and ethnic disparities.		<b>Strategy Rationale:</b> Minority overrepresentation is often a product of actions that occur at early points in the child welfare system. Racial and ethnic disparity begins at the referral stage. This disproportionality then carries through to all of the other decision points in the system, often increasing the disparity. By defining the problem and identifying the scope of disparity and the specific points where disparity increases, data can inform choices and enable solutions. At this time, nearly 20% of the CWS/CMS data is uncoded as to ethnicity, due in part because the majority of referrals are made anonymously.			
Milestone	2.1.3 Explore the reporting sources of referrals and the race and ethnicity of the children being referred by each source.	Timeframe	3 months (04/01/07 – 06/30/07)	Assigned to	F&E Task Force, LRU
	2.1.4 Develop policy and implement SafeMeasures to ensure coding of ethnicity.		3 months (07/01/07 – 09/30/07)		F&E Task Force, LRU
	2.1.5 Randomly interview intake social workers and public health nurses (involved in providing Child Welfare Services) in order to assess the range of perceptions of what constitutes a “high risk family”.		6 months (04/01/07 – 09/30/07)		F&E Task Force, LRU
	2.1.6 Research fairness and equity approaches already taken in other counties and in other agencies within San Bernardino County.		Ongoing		F&E Task Force, LRU
<b>Improvement Goal 3.0</b> Increase availability and access to resources and services which are culturally competent and appropriate to the special needs of children and their families.					
<b>Strategy 3. 1</b> Inventory current resources and services and identify gaps in availability and barriers to accessibility.			<b>Strategy Rationale:</b> Supportive services must be offered in the most appropriate manner in which the child and family can understand and benefit. Supportive services should be consistent with realistic expectations of the financial and logistical capabilities of the family. Supportive services must also be located in proximity to the child/family and be accessible to their special needs.		

Milestone	3.1.5	Review current array of service providers in order to ascertain their ability to meet the particular needs of racial and ethnic minority children and special needs children and their families. New contracts to contain actual cultural competency language.	Timeframe	Ongoing	Assigned to	F&E Task Force, DCS/ARD/Community Resource Unit (CRU)
	3.1.6	Assess each provider's ADA compliance and proximity by public transportation.		Ongoing		F&E Task Force, CRU
	3.1.7	Recommend solutions to resolve barriers to availability and accessibility.		Ongoing		F&E Task Force, CRU
<b>Strategy 3.2</b> Improve the flexibility and sensitivity of those providing service to CWS children and families.				<b>Strategy Rationale:</b> Social workers should be aware of biases, which could affect their provision of services to children and families. Increased cultural sensitivity on the part of social workers will increase the cooperation of and comfort level of families with CWS workers.		
Milestone	3.2.8	Continue to diversify the composition of the child welfare system's workforce of culturally competent social workers, CWS support staff, and providers.	Timeframe	Ongoing	Assigned to	DCS Administration, DCS/ARD, F&E Task Force, Community Partners, Child Welfare Services (CWS) Providers, CWS Agencies
	3.2.9	Diversify the service delivery system by contracting with organizations located in neighborhoods and managed by people of color.		Ongoing		DCS Administration, DCS/ARD, CWS Providers, CWS Agencies, Community Partners, F&E Task Force
<b>Improvement Goal 4.0</b> Establish a Community Liaison position to facilitate the Fairness and Equity Improvement Goals.						
<b>Strategy 4. 1</b> Create position and secure funding.				<b>Strategy Rationale:</b> A Community Liaison is necessary to direct specific emphasis on the accomplishment of the Fairness and Equity goals. The Community Liaison will help to increase staff and community awareness of the issues related to Fairness and Equity.		

Milestone	4.1.1	Coordinate with HS Personnel to create a position.	Timeframe	6 months (07/01/06 – 12/31/06)	Assigned to	ARD
	4.1.2	Recruit.		3 months (01/01/07 – 03/31/07)		ARD
	4.1.3	Train		Ongoing		ARD
<b>Describe systemic changes needed to further support the improvement goal.</b> Keys to improvement in this area of fairness and equity will be development of the F&E Task Force, training, recruitment, implementing changes, monitoring and on-going awareness.						
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Researching and adapting existing successful practice models from other counties and agencies will enhance the Department’s ability to implement these strategies more effectively and reach these goals sooner.						
<b>Identify roles of the other partners in achieving the improvement goals.</b> DCS/ARD will coordinate efforts until the F&E Task Force is implemented. DCS Mentors, PERC, CWS agencies and community partners will provide valuable perspective and input to achieving milestones with balance. PDD, CRU and LRU will provide technical support. DCS Administration will provide policy to make the necessary improvements.						
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> The State should continue to update regulations and statutes to allow the counties greater access to more reliable data.						